



**COMMERCIAL
BUSINESS REGISTRATION /
BUSINESS LICENSE***

**BUSINESS REGISTRATION/LICENSE RENEWALS ARE TO BE FILED ON OR BEFORE December 30 OF
EACH YEAR ANNUAL FEE IS \$35.00, PRORATED**

A separate Business Registration/License application form must be completed for each business. A separate business registration/license form should not be completed for each location of a single business.

☐ **Initial Application**

☐ **Renewal Application**

APPLICANT INFORMATION

1. NAME AND ADDRESS OF APPLICANT: _____

2. NAME OF BUSINESS: _____
3. DOING BUSINESS AS: _____
4. PHONE NO. _____ ALTERNATE NUMBER: _____
5. APPLICANT IS: INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION _____
 - A. For individual – names and address of owner: _____
 - B. For partnership – names and addresses of owners: _____

 - C. For corporation – names and addresses of Officers:
President: _____
Vice-President _____
Secretary _____
Treasurer _____
6. NEW MEXICO TAXATION AND REVENUE DEPARTMENT CRS NUMBER: _____

PROPERTY INFORMATION

PROPERTY OWNER NAME _____
LEGAL DESCRIPTION *Township* _____ *N Range:* _____ *E Section* _____
STREET ADDRESS OF BUSINESS _____
MAILING ADDRESS OF BUSINESS _____
CONDITIONAL USE PERMIT REQUIRED? YES _____ NO _____

PLEASE DESCRIBE THE FOLLOWING

- 1) What business activities are involved? _____

- 2) What types of materials and equipment are to be used? _____

- 3) What methods of operation do you plan to follow? _____

- 4) What is the type of product to be produced, serviced or repaired? _____

- 5) Describe the amount, location and method of storage of supplies and/or equipment _____

PLEASE ATTACH COPIES OF:

PLAT MAP OR DETAILED DIRECTIONAL MAP
NEW MEXICO STATE LICENSE(s)
STATE CORPORATION COMMISSION NUMBERS
STATE OF INCORPORATION DOCUMENTS
ALL APPLICABLE PERMITS

BUSINESS REGISTRATION FEES ARE NON-TRANSFERABLE APPLICATION FOR BUSINESS REGISTRATION MUST BE MADE PRIOR TO THE OPENING OF THE BUSINESS.

The applicant is responsible for ensuring that his/her business complies with all relevant Federal, State and Local Regulations. Issuance of this Business Registration/License does not imply that such requirements have been met. Applicant hereby affirms that the statements and information on this application are True and Correct to the best of his/her knowledge, information and belief. False information may be grounds for denial or revocation of your business license.

APPLICANT SIGNATURE _____ **DATE** _____

***ALL APPLICATIONS FOR NEW BUSINESSES WILL BE FORWARDED TO THE COUNTY FIRE MARSHALL FOR REVIEW, ACCEPTANCE OF THIS APPLICATION AND ITS FEE IS NOT A GUARANTEE OF LICENSE ISSUANCE**

FOR OFFICE USE ONLY

AMOUNT OF FEE: _____ **ISSUED BY:** _____
RECEIPT NUMBER: _____ **DATE ISSUED:** _____
PERMIT NUMBER: _____
LAND USE REVIEW: APPROVED _____ **DENIED:** _____
REASON FOR DENIAL: _____

FIRE HAZARD POTENTIAL: High _____ **Medium** _____ **Low** _____

County Fire Marshal

Date